

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-20-064

Issue date: 6/12/2020

Topic: Provider Information

Due date:

Subject: New Memory Care Facility, New In-Home Care Agency

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> Child Welfare Programs | |

New Memory Care Facility:

Battle Creek Memory Care-Salem
Provider Number: 528535 Effective date: 6/1/2020

New In-Home Care Agency:

Provider Name:
Sunshine In Home Care LLC- Grants Pass
Provider number: 528523 Effective date: 5/20/2020

Action Required:

None Information Only

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s):

Dana Vafiades, Policy Analyst III, Provider Relations Enrollment questions

Darwin Frankenhoff, Policy Analyst, Long Term Care Services and Supports

Jackie Gibbins, Medicaid Eligibility and Training Questions

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